

EV077333415

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/756,971
Filing Date January 9, 2001
Inventor Salman Akram
Assignee Micron Technology, Inc.
Group Art Unit 2827
Examiner David A. Zarneke
Attorney's Docket No. MI22-1572
Title: Methods of Forming Board-On-Chip Packages

RESPONSE TO APRIL 30, 2002 OFFICE ACTION

To: Box Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

From: D. Brent Kenady (Tel. 509-624-4276; Fax 509-838-3424)
Wells, St. John, Roberts, Gregory & Matkin P.S.
601 W. First Avenue, Suite 1300
Spokane, WA 99201-3828

In the Claims

Please replace the claims with the following clean version of the entire set of pending claims, in accordance with 37 C.F.R. § 1.121(c)(1)(i). Cancel all previous versions of any pending claim.

A marked up version showing amendments to any claims being changed is provided in one or more accompanying pages separate from this amendment in accordance with 37 C.F.R. § 1.121(c)(1)(ii). Any claim not accompanied by a marked up version has not been changed relative to the immediate prior version, except that marked up versions are not being supplied for any added claim or canceled claim.

EV077333415

Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002


Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 258.00)
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Complete if Known	
Application Number	09/756,971
Filing Date	January 9, 2001
First Named Inventor	Salman Akram
Examiner Name	David A. Zarneke
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Attorney Docket No.	MI22-1572

<h3 style="text-align: center;">METHOD OF PAYMENT (check all that apply)</h3> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table border="1" style="width: 100%;"> <tr> <td>Deposit Account Number</td> <td>23-0925</td> </tr> <tr> <td>Deposit Account Name</td> <td>Wells St. John P.S.</td> </tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <h3 style="text-align: center;">FEE CALCULATION</h3> <h4>1. BASIC FILING FEE</h4> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 00.00)</td> </tr> </tbody> </table> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Total Claims</th> <th rowspan="2">Independent Claims</th> <th rowspan="2">Multiple Dependent</th> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>-20**</th> <th>-3**</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>5</td> <td>2</td> <td>18</td> <td>90</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>84</td> <td>168</td> </tr> <tr> <td colspan="6" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 258.00)</td> </tr> </tbody> </table> <p>*or number previously paid, if greater; For Reissues, see above</p>	Deposit Account Number	23-0925	Deposit Account Name	Wells St. John P.S.	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late filing fee or oath	00.00	127	50	227	25	Surcharge - late provisional filing fee or cover sheet	00.00	139	130	139	130	Non-English specification	00.00	147	2,520	147	2,520	For filing a request for <i>de novo</i> reexamination	00.00	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	00.00	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	00.00	115	110	215	55	Extension for reply within first month	00.00	116	400	216	200	Extension for reply within second month	00.00	117	920	217	460	Extension for reply within third month	00.00	118	1,440	218	720	Extension for reply within fourth month	00.00	128	1,060	228	980	Extension for reply within fifth month	00.00	119	320	219	160	Notice of Appeal	00.00	120	320	220	160	Filing a brief in support of an appeal	00.00	121	280	221	140	Request for oral hearing	00.00	138	1,510	138	1,510	Petition to institute a public use proceeding	00.00	140	110	240	55	Petition to revive - unavoidable	00.00	141	1,280	241	640	Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	D. Brent Kenady	Registration No. (Attorney/Agent)	40,045
Signature		Telephone	509-624-4276
		Date	7-30-02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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